

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations		Date	1/15/18
		No. of Repeat Risk Factor/Intervention/Violations		Time In / Out	
Establishment <i>Sams Rest</i>		Location <i>425 Central Ave</i>		Phone	
License/Permit #	Permit/Holder	Purpose of Inspection	Est Type	Risk Category	
		<i>Re-insp</i>	<i>RS</i>	<i>HCS</i>	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R. IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation							
Compliance Status			COS	R	Compliance Status		
Demonstration of Knowledge			Potentially Hazardous Food Time/Temperature				
1	IN OUT	Certification by accredited program, compliance with Code, or correct responses			16 IN OUT N/A N/O Proper cooking time & temperatures		
					17 IN OUT N/A N/O Proper reheating proc for hot holding		
Employee Health			Consumer Advisory				
2	IN OUT	Management awareness; policy present			18 IN OUT N/A N/O Proper cooling time & temperatures		
					19 IN OUT N/A N/O Proper hot holding temperatures		
3	IN OUT	Proper use of reporting, restriction & exclusion			20 IN OUT N/A Proper cold holding temperatures		
					21 IN OUT N/A N/O Proper date marking & disposition		
Good Hygienic Practices			Chemical				
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			22 IN OUT N/A N/O Time as public health control; proc & rec		
5	IN OUT N/O	No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands			Highly Susceptible Populations				
6	IN OUT N/O	Hands clean & properly washed			23 IN OUT N/A Consumer advisory provided for raw or undercooked foods		
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed					
8	IN OUT	Adequate handwashing facilities supplied & accessible			24 IN OUT N/A Pasteurized foods used; prohibited foods not offered		
Approved Sources			Conformance with Approved Procedures				
9	IN OUT	Food obtained from approved source			25 IN OUT N/A Food additives: approved & properly used		
					26 IN OUT N/A Toxic substances properly identified, stored & used		
10	IN OUT N/A N/O	Food received at proper temperature					
11	IN OUT	Food in good condition, safe & unadulterated					
12	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction			27 IN OUT N/A Compliance with variance, specialized process, & HACCP plan		
Protection from contamination			Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.				
13	IN OUT N/A	Food separated & protected					
14	IN OUT N/A	Food-contact surfaces: cleaned & sanitized					
15	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food					

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods. Mark "X" in box if numbered item is not in compliance. Mark "X" in appropriate box for COS and/or R. COS=corrected on-site during inspection. R=repeat violation

			COS	R				COS	R										
Safe Food and Water					Proper Use of Utensils														
28		Pasteurized eggs used where required			41		In-use utensils: properly stored												
										29		Water & ice from approved source			42		Utensils, equip & linens: properly stored, dried & handled		
Food Temperature Control					Utensils, Equipment and Vending														
31		Proper cooling methods used; adequate equipment for temperature control			44		Gloves used properly												
32		Plant food properly cooled for hot holding			45		Food & non-food contact surfaces cleanable, properly designed, constructed & used												
33		Approved thawing methods used			46		Warewashing facilities: installed, maintained, used: test strips												
34		Thermometers provided & accurate			47		Non-food contact surfaces clean												
Food Identification					Physical Facilities														
35		Food properly labeled; original container			48		Hot & cold water available; adequate pressure												
Prevention of Food Contamination					Plumbing														
36		Insects, rodents & animals not present; no unauthorized persons			49		Plumbing installed; proper backflow devices												
37		Contamination prevented during prep, storage & display			50		Sewage & waste water properly disposed												
38		Personal cleanliness			51		Toilet facilities: properly constructed, supplied & cleaned												
39		Wiping cloths: properly used & stored			52		Garbage & refuse properly disposed; facilities maintained												
40		Washing fruits & vegetables			53		Physical facilities installed, maintained & clean												
					54		Adequate ventilator & lighting: designated areas used												

Person in Charge (Signature) _____ Date: _____ Follow-up: YES NO (Circle one)

Inspector (Signature) _____ Follow-up Date: _____

✓ **APPROVED**
NEW
✓ **RE-NEW**
RE-INSPECT

